

New Hampshire ITS Summit Follow up

A collaborative approach to developing a continuum of care for those in need of Intensive Treatment Services in the State of New Hampshire

A partnership between NH BDS and CSNI

September 27, 2017

Today's Agenda

- 9:00 - 9:10 am: Opening Remarks- Chris Santaniello
- 9:10 - 9:30 am: Understanding the ITS Population- Rebecca Bryant
- 9:30 - 9:50 am: Collaboration with Local Stakeholders- Jonathan Eriquezzo and Barb Drotos
- 9:50 - 10:10 am: Redefining the Therapeutic Approach- Jill FitzGerald and Greg Steelman
- 10:10 - 10:30 am: Training- Steve Tuck
- 10:30 - 10:50 am: Operational Standards- Jonathan Routhier and Jennifer Cordaro
- 10:50-11:10 am: ITS Funding- Sandy Hunt
- 11:10-11:30 am Capacity Development- Sandy Hunt
- 11:30-12 noon Where do we go from here?- Jonathan Routhier

Opening Remarks

Director Christine Santaniello
Bureau of Developmental Services (BDS)

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BDS Mission Statement

The Developmental Services System will join with local communities to support individuals of all ages with developmental disabilities or acquired brain disorders and their families to experience as much freedom, choice, control and responsibility over the services and supports they receive as desired.

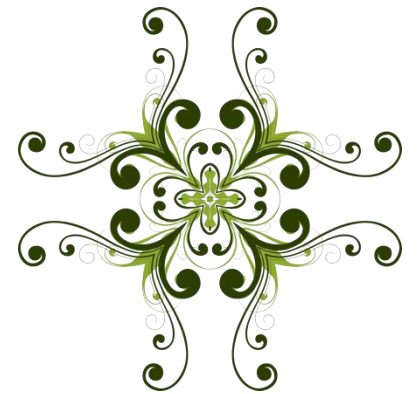
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CSNI Mission Statement

It is the mission of Community Support Network, Inc. to promote, support and advance the local area agencies in their efforts to maintain and evolve the comprehensive community-based system of long-term supports and services.

Understanding the ITS Population

Workgroup presented by
Rebecca Bryant



- ❖ John Capuco, Psy. D Bureau of Developmental Services
- ❖ Dr. Laurie Guidry, President, Center for Integrative Psychological Services
- ❖ Melissa Marquis, M.Div., Office of Public Guardian
- ❖ Becky Bryant, President & CEO Lakes Region Community Services



Conference calls on:

- ❖ 4/20/17
- ❖ 5/9/17
- ❖ 5/30/17
- ❖ 6/22/17
- ❖ 8/15/17
- ❖ 9/12/17

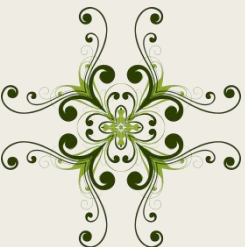
GOALS

- I. **Provide definition and profile of an ITS Individual:** *“Individuals with moderate to high risk for sexual offending, arson, significant & persistent violent behavior.”*
- II. **Answer the question of whether an “ITS Individual” needs to be with an “ITS Provider”** *The committee recommends that yes, an ITS Individual SHOULD be served by an ITS Provider.*
- III. **Define ITS Program versus ITS Provider:** *Going forward, this committee recommends that an “ITS Program” versus an “ITS Provider” should not exist. We offer up Region 3’s program at Broader Horizons as an example. These types of programs need to identify themselves as ITS Providers and be counted in our statewide capacity for ITS individuals.*
- IV. **Does an individual identified as ITS need to be in an ITS Program?** *N/A, there will not be ITS “Programs” outside of “ITS Providers.”*
- V. **Determine if all ITS type programs are to self-identify as an ITS Provider, do they need to be required to be at COP?** *To continue to move forward as a comprehensive system adequately addressing ITS needs, that all ITS programs need to be identified going forward as ITS Providers and represented at COP.*



NEXT STEPS

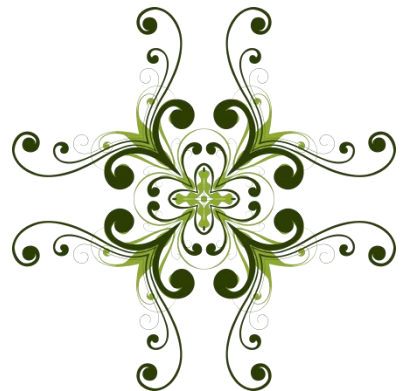
- ❖ Local ITS Summits
- ❖ The profile of the ITS individual is not complete. This committee intends to look at specific clients and the data available and see what commonalities in profiles exist.
- ❖ Cooperation in data collection appreciated!
- ❖ Join us?!





Collaboration with Local Stakeholders

Workgroup presented by
Jonathan Eriquezzo and
Barb Drotos



Participants:

- Sandy Hunt, Deputy Director, BDS
- Jan Skoby, BDS
- Barb Drotos, NH Statewide START Director
- Jon Eriquezzo, Crotched Mountain
- Stephen Jewel, Office of Public Guardian
- Eric Johnson, Northern Human Services
- Todd Ringelstein, DHHS, BDS
- Dr. Jennifer McLaren, BDS Medical Director
- Allison O'Neil, Genesis
- Celia Gibbs, Genesis
- Paula Mattis, Department of Corrections
- Alan Greene, Monadnock Developmental Services
- MaryJo Benosky, Wellsense
- Lisa Fortin, Lakes Region General Hospital
- Kerry Coy, Beacon
- Bernie Campbell, Department of Corrections

Meeting Occurrence:

- Meetings held monthly at BDS, June through September 2017
- Some participants by speakerphone, most participated in person

Group Discussion Summary:

- The Emergency Department (ED) Protocol to be provided for Area Agencies and community partners
- Bottom-up approach to partnering with community providers, especially the Community Mental Health Centers (CMHCs)
- The role of NH START and the START Center – what START can do and where there is a service gap in NH
- Maximizing current relationships with community partners
- Integrated Delivery Networks (IDNs) – mental health and substance abuse services. Can we develop this for IDD/MH services?
- Partnering with CMHCs more closely
- Multiple co-occurring primary disorders. How do we treat these and make sure to pay equal attention to both? MH and DD can pursue Case management if a waiver is sought.

Next Steps:

- Distribute the ED protocol to Area Agencies and CMHCs
- Exploring the IDN format for IDD/MH. Can we collaborate and develop a similar program?
- Educate AAs and CMHCs more about NH START and the START Center
- Training on IDD/MH for community partners by NH START and the Center for START Services (National START) on IDD/MH by webinar and in person
- Pursue waivers to obtain MH and DD case management when needed



Redefining the Therapeutic Approach

Workgroup presented by
Jill Fitzgerald and Greg
Steelman

John Capuco, Jill FitzGerald, Greg Steelman, Lenore Sciuto, Nancy Morse, Gayle
Tondreau, Robert Bowen, Ellen Denoncour, Susan Beltz



Clinical and Trauma Informed Practice

- What does it mean to be trauma informed?
- Case examples of trauma informed clinical practice: SK, DL
- Systemic examples of trauma informed practice

Pilot Projects

- The Moore Center-Laurie Guidry and Greg Steelman, clinical training project for Clinicians and Clinical Administrators
- Easter Seals-Laurie Guidry and Jill FitzGerald, training for direct care staff. Managers, Clinicians, Nurses, and Administrators

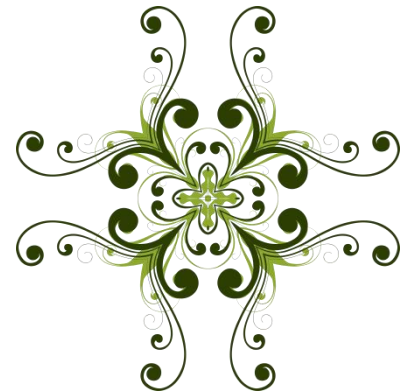
Proposed Implementation Plan

- Train the trainer model with ongoing consultation and supervision
- Build on New Hampshire resources that have been developed
- Provide area agencies and vendors the tools to weave solid, trauma informed clinical thinking into their current service structure and culture.
- Needs: Funding and commitment from stakeholders



Training

Workgroup presented by
Steve Tuck



Behavioral Model/Trauma Informed Model

- The combination of ABA and Trauma Informed Care would bring a balance of behavioral and clinical issues for our clients. This would provide a more holistic approach and provide better outcomes for the population we are serving.

Development of Preliminary Training Framework

- The development of comprehensive clinical and behavioral training, consultation and support for all ITS providers in New Hampshire.
- Gather data on who is providing trainings around the state that may not have been identified. Also, a list of all qualified trainers.
- The need to increase clinical resources available to provide training and support.

Next Steps

- Work with a trauma informed workgroup to assist in developing a curriculum for the Trauma Informed Care treatment model with the existing behavioral model.
- Need to determine who will lead in initiative.
- How will the initiative be funded long term?

Trauma Informed Care

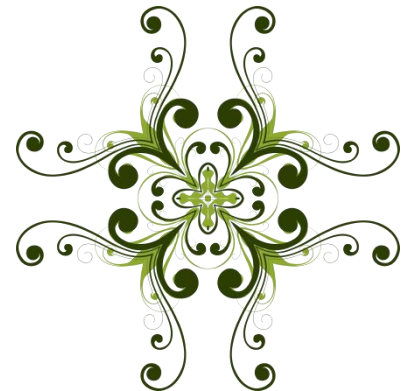
- Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

The Trauma Informed Care Project



Operational Standards

Workgroup presented by
Jonathan Routhier
and Jennifer Cordaro



Operational Standards

- Goals For the Workgroup
 - Identify and review any current standards for ITS Programs
 - Determine areas in which additional standards would be helpful
 - Develop standards to address ITS Program Operations and Clinical Services
 - Disseminate draft standards for input and revision
 - Finalize, disseminate and encourage adoption of standards by ITS Providers
 - Determine a method and process for implementation and monitoring

Operational Standards

- Work to date:
 - Reviewed Safety and Security Standards written by John Finn for CSNI
 - Reviewed current protocols for oversight of ITS Residential Programs
 - Reviewed Utilization Review standards from MCO
 - Developed a list of standards needing development
 - Begun to draft clinical standards and created a structure for developing operational standards

Operational Standards

- Next Steps
 - Complete draft of standards, rationale and measures
 - Two subgroups will simultaneously work on clinical and operational standards
 - Workgroup will provide input and revision to drafts
 - Workgroup will circulate standards for vetting to BDS, CSNI, and ITS Providers
 - Finalize Standards

Operational Standards

- Next Steps (continued)
 - Determine a method for adopting standards
 - Develop a process for reviewing conformance with standards
 - Implement review process as part of ongoing Quality Improvement effort through CSNI, BDS and ITS Provider collaboration

ITS Standards in Development

- Eligibility
- Mission & Program Model
- Funding
- Staff Qualifications
- Staff Training, Oversight and Supervision
- Safety and Security

ITS Standards in Development

- Person Centered Planning
- Individual Rights
- Review and Revision of Risk Management Plan and Behavior Support Plan
- Documentation Requirements
- Incident Reporting & Reactive Strategies

ITS Standards in Development

- Program Outcomes and Metrics
- Utilization Management Process
- Oversight and Monitoring
- Inter-Agency Collaboration
- Fade Plan & Step-Down Process
- Discharge Criteria

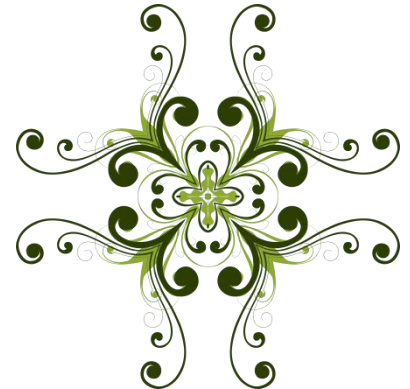
ITS Standards in Development

- Milieu management
- Multicultural practice
- Program Model
- Treatment Planning and Goal Development
- Use of restrictive measures
- Use of Best Practice Standards



ITS Funding

Workgroup presented by
Sandy Hunt



BDS Policies

- * Advanced Crisis Funds Policy
- * Environmental Modification Policy
- * Vacancy Management Policy
- * Reallocation of Funds Policy

dhhs New Hampshire Department of HEALTH AND HUMAN SERVICES

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Bureau of Developmental Services

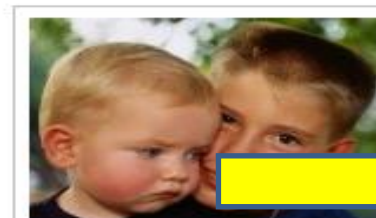
The Bureau of Developmental Services (BDS) is committed to joining communities and families in providing opportunities for citizens to achieve health and independence. In partnership with consumers, families, and community based service networks, BDS affirms the vision that all citizens should participate in the life of their community while receiving the supports they need to be productive and valued community members.



To achieve this vision, BDS takes a leadership role in developing the network of supports and resources that will make community presence and participation a reality for every eligible person who chooses community based services and whose treatment professionals have determined that community supports are appropriate.

The NH developmental services system offers individuals with developmental disabilities and [acquired brain disorders](#) a wide range of supports and services within their own communities.

BDS is comprised of a main office in Concord and 10 designated non-profit [area agencies](#) that represent specific geographic regions of NH. [Area Agency catchment area](#)



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DHHS Events Calendar

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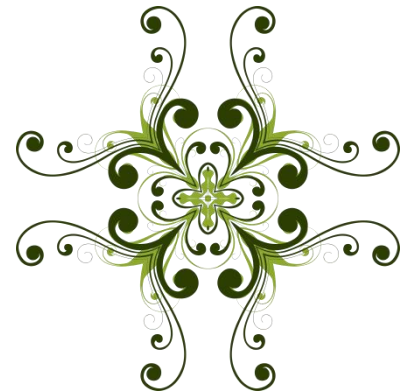
Program Information

- › Adult Services
- › Budget Templates
- › Complaint Process
- › Developmental Disability Waitlist
- › Employment
- › Family-Centered Early Supports & Services
- › Family Support Services
- › Home and Community Based Services Waivers
- › Intensive Treatment Services (ITS)
- › IT Remediation Plan
- › Policies
- › Reports



Capacity Development

Workgroup presented by
Sandy Hunt



Capacity Development - Overview

- New Hampshire has a limited number of providers that offer services for individuals in need of Intensive Treatment Services.
- Upon the closure of Lakeview in 2016 which offered 88 beds to individuals with developmental disabilities and acquired brain disorder, NH was under immense pressure to identify appropriate therapeutic programs for individuals who were displaced. This forced NH to look out of state for appropriate treatment services.
- Between then and now, planning has begun to develop innovative, therapeutic, short and long term services that address the needs of individuals with a history of challenging and high risk behavior to address the gap in services.

Accomplishments – New Program Development

- There are multiple efforts underway to build capacity in the State of NH.
- Discussions have taken place with various organizations such as NeuroInternational, Crotched Mountain Rehabilitation Center, Institute of Professional Practice Incorporated, Easter Seals, Becket, New Hampshire Hospital, START, Community Partners (Region 9), One Sky Services (Region 8) and The Moore Center (Region 7).

Accomplishments – Identification of the need for ITS services

- A survey was conducted by Allison Howe from CSNI (June, 2017). This survey asked Area Agencies to take an initial look at those people that they support who exhibit “high risk” behavior. This inquiry resulted in 215 people being characterized as “high risk”.
- The definition that was used in this survey of “high risk” is: Individuals with moderate to high risk for sexual offending, arson, significant & persistent violent behavior.

Accomplishments – Performance Outcomes for Specialized Services

- The “Performance Outcomes for Specialized Services” were reviewed by this team. The goal of these metrics is to ensure that agencies that provide ITS services review and report on various items that are outlined in the individual’s service agreement and/or in the service proposal.
- These measures will give the team an opportunity to review progress in the individual’s service agreement and determine if the individual is ready to move along the continuum of care to a lesser restrictive setting.

(Handout)

Accomplishments – ED Protocol

- The “Emergency Department Protocol” has been developed in response to numbers of people waiting in their local Emergency Departments for therapeutic support.
- The ED Protocol is a protocol that is to be used at the Area Agency level by the individual’s Service Coordinator or Case Manager. The idea is to bring the individual’s team members together immediately to discuss past, present and future treatment.
- A referral is made to Dr. McLaren (BDS Medical Director) who will be available for a “Doc to Doc” discussion with the ED staff. The START center is also pulled in so that START staff is made aware of the individual’s situation for future crisis prevention / planned respite stays. This protocol will increase traction in finding therapeutic treatment for the individual in need.

(Handout)

Next Steps

- Continue conversations with agencies that have expressed interest in developing new, innovative programs in NH which offer options to individuals in need of ITS services.
- We will be closer to seeing these initiatives take hold when we come together in March, 2018.

Next Steps

- There are approximately 80 provider agencies in the State of NH. Of these 80 providers, only 7 offer ITS services.
- Going forward, we would like to identify ways to support NH's existing providers in developing the expertise and interest in offering ITS services.
- Additionally, we would like to encourage out of state providers to consider developing programs in NH.

Next Steps

- Implement the Performance Measures for Specialized Services.
- This will be a small group of agencies to begin with: Becket, Easter Seals and NeuroInternational ITS services.

Next Steps

- Implement the Emergency Department Protocol. This protocol will bring teams together when the person is in crisis to discuss (in real time) what supports the individual has received in the past, and what the individual needs in the moment.
- The discussion and exchange of information between members of the support team will determine the appropriate next steps and identify alternatives to the ED.



Where do we go from here?

ITS Summit workgroups are encouraged to keep meeting as needed

- Introduce new CSNI ITS Coordinator Position and duties
 - (to start NI centralized oversight and metrics)
- Continued Committees are as following:
 - High Cost Budget Review Process (for budgets over \$150,000)
 - Steering Committee for the ITS Summit workgroups
 - Local Risk Management Committees
 - Statewide Risk Management Committee
 - Community of Practice
 - Human Rights Committees.

Workgroup Functions

Workgroups may meet as often as necessary but will continue to submit reports to Allison Howe from CSNI.

Save the Date for the next Summit on:

Thursday, March 29th

Tom Fox Chapel, 9 am – 12 noon

**You may find all the workgroups reports on the BDS website under
Intensive Treatment Services**

<https://www.dhhs.nh.gov/dcbcs/bds/its.htm>